

# UNIVERSITY OF VERMONT

2010-2011 Student Insurance Plan

Policy No. 302-054-4408

## 2010-2011 SCHEDULE OF MEDICAL EXPENSE BENEFITS <sup>1</sup>

This is a schedule of benefits available through The University of Vermont's 2010-2011 Student Insurance Plan. This summary should be used in conjunction with the full plan description, including plan provisions, limitations and exclusions. You can obtain a copy of the full plan description at the Center for Health and Wellbeing, by calling Consolidated Health Plans at (800) 633-7867, or visiting [www.chpstudent.com](http://www.chpstudent.com), or by contacting University Health Plans at (800) 437-6448. **Questions regarding the benefits, limitations and exclusions of the Student Health Insurance Plan can be directed to Consolidated Health Plans at (800) 633-7867 or by email at [customerservice@consolidatedhealthplan.com](mailto:customerservice@consolidatedhealthplan.com).** The benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. **Benefits will be paid up to the Maximum Benefit for each service below.**

### PREFERRED PROVIDER NETWORK

Consolidated Health Plans has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of The University of Vermont campus.

The University of Vermont Student Health Insurance Plan for the 2010-2011 Policy Year has a Preferred Provider Organization network through First Health. To maximize your savings and reduce your out-of-pocket expense, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services.

Preferred Providers are independent contractors and are neither employees nor agents of The University of Vermont, Consolidated Health Plans, or Nationwide Life Insurance Company. First Health Network is the Preferred Provider Network that provides access to providers located across the United States. To determine if a provider participates in First Health, students can call (630) 737-7900 or visit [www.firsthealth.com](http://www.firsthealth.com).

### SCHEDULE OF BASIC MEDICAL EXPENSE BENEFITS

The Policy provides benefits for the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to an aggregate Maximum of \$100,000 per Condition. Benefits will be paid up to the maximum benefit for each service as scheduled below. The Insured Student will be subject to a \$200 Deductible per Condition without a referral from the Center for Health and Wellbeing. Covered Medical Expenses<sup>1</sup> include:

	\$200 per condition deductible when not referred by the CHWB	
	In-Network	Out-of-Network
<b>INPATIENT HOSPITALIZATION BENEFITS</b>		
<b>Hospital Room and Board</b>	80% of Preferred Allowance (PA)	80% of the Usual & Customary Charge (U&C) for a semi-private room
<b>Intensive Care Unit</b>	80% of PA	80% of the U&C for an intensive care room rate
<b>Miscellaneous Hospital Expense</b> , covered medical expenses include, but are not limited to, use of an operating room, anesthesia, supplies, laboratory, x-ray examinations, and medicines.	80% of PA	80% of U&C
<b>Physician Hospital Visit Expense</b> , covered medical expenses for charges for the non-surgical services of the attending Physician or a consulting Physician, not to exceed one (1) visit per day.	80% of PA	80% of U&C
<b>Licensed Nurse Expense</b>	80% of PA	80% of U&C
<b>SURGICAL BENEFITS (Inpatient and Outpatient)</b>		
<b>Surgical Expense</b> , covered medical expenses for charges for surgical services performed by a Physician.	80% of PA	80% of U&C
<b>Anesthetist and Assistant Surgeon Expense</b> , covered medical expenses for charges of an anesthetist and an assistant surgeon during a surgical procedure.	80% of PA	80% of U&C
<b>Ambulatory Surgical Expense</b>	80% of PA	80% of U&C
<b>OUTPATIENT BENEFITS</b>		
Covered Medical Expenses include, but are not limited to, Physician's office visits, diagnostic x-rays, MRI and laboratory services, hospital emergency room or outpatient department services, and physical therapy.		
<b>Hospital Outpatient Department or Walk-In Clinic Expense</b>	80% of PA	80% of U&C
<b>Emergency Room Expense</b> Deductible is waived when referred by the Center for Health and Wellbeing or if you are a medical student being treated outside of the Burlington, VT area:	80% of PA	80% of U&C
<b>Urgent Care Expense</b> <i>Please Note: A Covered Person should not seek medical care or treatment from an urgent care provider if their illness, injury or condition, is an emergency condition. The Covered Person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</i>	80% of PA	80% of U&C
<b>Physician's Office Visit</b> (including): a) Consultant, Specialist, or Second Surgical Opinion Expense b) Dermatological and Podiatric Expense Deductible is waived when referred by the Center for Health and Wellbeing or if you are a medical student being treated outside of the Burlington, VT area:	80% of PA	80% of U&C

<b>Diagnostic Testing</b> (including): a) Laboratory b) X-Ray c) Pre-Admission Testing d) High Cost Procedures (Outpatient procedure costing more than \$200) e) Allergy Testing f) Routine Prostate Cancer Screening g) Pap Smear, for women age 18 and older (A referral is not required)	80% of PA	80% of U&C
<b>Mammogram Expense</b> - Coverage is limited to: -One baseline mammogram for women between the ages of 35 to 40* and -One mammogram every year thereafter*  *Coverage will be provided more frequently if based upon a Physician's recommendation.	100% of PA	80% of U&C
<b>Therapy Expense</b> , limited to a maximum of \$1,000 per Condition, per Policy Year (including): a) Physical Therapy b) Chiropractic Care c) Speech Therapy d) Inhalation Therapy e) Occupational Therapy	80% of PA	80% of U&C
<b>Chemotherapy Expense</b>	80% of PA	80% of U&C
<b>Durable Medical Equipment and Prosthetic Devices</b> , limited to a maximum of \$1,000 per Policy Year (does not include eye glasses, vision aids, hearing aids, and orthotics).	80% of PA	80% of U&C
<b>MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS</b>		
<b>Inpatient Expense</b>	80% of PA	80% of U&C
<b>Outpatient Expense</b>	80% of PA	80% of U&C
<b>MATERNITY BENEFITS</b>		
<b>Maternity Expenses</b>	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits will be payable for inpatient care of the Covered Person and any newborn child for a minimum of 48 hours following a vaginal delivery and a minimum of 96 hours following a cesarean delivery.	
<b>Well Newborn Nursery Care Provided</b> during Mother's confinement but for not more than four (4) days for a normal delivery.	80% of PA	80% of U&C
<b>ADDITIONAL BENEFITS</b>		
<b>Ambulance Expense</b>	Covered Medical Expenses are payable at 100% of the actual charge up to a maximum of \$300 per trip for the services of a professional ambulance to and from a hospital when required due an emergency of a covered Injury or Sickness.	
<b>Dental</b> (including): a) Dental Injury b) Impacted Wisdom Teeth	100% of Actual Charge, \$500 per tooth per Policy Year, per Accident. 100% of Actual Charge, up to a maximum of \$100 per tooth.	
<b>Temporomandibular Joint (TMJ) Dysfunction and Craniofacial Disorders Expense</b> Covered Medical Expenses include diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Coverage shall be the same as that provided under the health insurance Plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a physician or a dentist.	80% of PA	80% of U&C
<b>Prescription Contraceptive Devices Expense</b>	80% of PA	80% of U&C
<b>Sterilization Expense</b>	80% of PA	80% of U&C
<b>Mastectomy and Breast Reconstruction Expense Benefits</b>	Paid the same as any other Sickness.	
<b>Elective Abortion</b> , if conception of the pregnancy is during the Policy Year: limited to \$360 per occurrence.	80% of PA	80% of U&C
<b>Acupuncture</b> , limited to \$300 per Policy Year	80% of PA	80% of U&C
<b>Acupuncture in Lieu of Anesthesia</b>	80% of PA	80% of U&C
<b>Home Health Care Expense</b>	80% of PA	80% of U&C
<b>Hospice Benefit</b>	80% of PA	80% of U&C
<b>Skilled Nursing Facility Expense</b> , limited to 60 days per Policy Year. For the semi-private room rate.	100% of PA	80% of U&C
<b>Rehabilitation Facility</b> , for the rehabilitation facility's daily room and board maximum for semi-private accommodations.	80% of PA	80% of U&C
<b>Collegiate or Intercollegiate Sports Expense Benefit</b> , limited to \$1,500 per Injury	100% of PA	100% of U&C
<b>Prescription Drug Expense</b> \$25 Co-pay for Brand Name and \$15 Co-pay for Generic Drug, limited to \$2,500 per Policy Year. This Pharmacy benefit is provided to cover prescriptions associated with covered Sickness or covered Injury occurring during the Policy Year. Medications not covered by this benefit include, but are not limited to: appetite suppressants, smoking deterrents, drugs to promote or stimulate hair growth, immunization agents and vaccines, and non-self-injectables. Prescriptions must be filled at an "Express Scripts" Participating Pharmacy. To contact Express Scripts, please call (800) 451-6245.		

## SUMMARY OF TERMS AND CONDITIONS <sup>1</sup>

### ELIGIBILITY

All undergraduate students attending UVM taking 9 or more credit hours and graduate students taking 12 or more credit hours are automatically enrolled in the UVM insurance plan, subject to the waiver requirements.

All part-time students taking at least 6 credit hours may enroll at their option. Part-time students opting to enroll must also pay the health fee.

All international students will be required to pay the semester Health Fee and purchase the University of Vermont Student Health Insurance Plan. International Students will automatically be billed for the insurance premium and are not eligible to waive participation in the Plan. If you have questions regarding this requirement, please contact the Student Insurance Office at (802) 656-0602.

Any student whose personal health insurance policy is cancelled during the academic year would have the option to purchase the University's Student Health Insurance Plan. The insurance company will determine the premium rate at the time of the student's enrollment in the plan.

**Please note:** Failure to enroll in this plan within 63 days of cancellation of your personal creditable health insurance may result in a break in coverage. A condition existing during such break which is a Pre-Existing Condition will not be payable. Please see the Pre-Existing Condition section of this brochure for more information.

### EFFECTIVE AND TERMINATION DATES

- Students:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 1, 2010, and will terminate at 11:59 p.m. on July 31, 2011.
- New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a. m. on January 1, 2011, and will terminate at 11:59 p.m. on July 31, 2011.
- Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premiums are sent, if later. Coverage for insured dependents terminates in accordance with the Termination provisions as described in the Master Policy. Examples include, but are not limited to, the date the Insured student's coverage terminates and the date the dependent no longer meets the definition of a dependent.

	Annual 8/1/2010 – 7/31/2011	Fall 8/1/2010 – 12/31/2011	Spring 1/1/2011 – 7/31/2011
Student*	\$2,000	\$833	\$1,167
Spouse/Civil Union Partner/Domestic Partner	\$1,790	\$746	\$1,044
Child(ren)	\$2,684	\$1,119	\$1,565

### SUPPLEMENTAL MEDICAL COVERAGE

An Enhanced Supplemental Expense Benefit is available under the plan for an additional premium, subject to the enrollment conditions shown below.

When this optional benefit is purchased, payment will be made for Covered Medical Expenses incurred for an Injury or Sickness while insured and *in excess* of \$100,000 for any one (1) Injury or Sickness, up to an additional Maximum Benefit of \$250,000 per Condition, per insured person payable under this benefit. This optional benefit begins on the date the Basic Benefits begin, or the date premium is received, if later, and ends on the date the Basic Benefits end. The general terms and conditions of the Policy will apply to this optional benefit.

Only students insured for the Basic Benefits may purchase this optional benefit. **Purchase must be at the same time as initial enrollment for the Standard Benefits.**

Annual Rate 8/1/2010 – 7/31/2010	
Per Insured	\$465

### REFUNDS OF PREMIUM

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. If a claim has been paid there is no option for a refund of premium. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. No refund will be allowed.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents, upon written request received by Consolidated Health Plans within 90 days of withdrawal from school.

### PRIVACY POLICY

*The Student Health Insurance Plan is serviced by University Health Plans and underwritten by Nationwide Life Insurance Company. Claims are paid by Consolidated Health Plans. We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling (800) 633-7867 or by visiting [www.chpstudent.com](http://www.chpstudent.com).*

### EXCLUSIONS

Benefits will not be paid for any expenses which result from:

- Expenses incurred as a result of dental treatment, except as specifically provided for treatment resulting from Injury to natural teeth;
- Dental surgery other than oral surgery for the excision of tumors, growths and cysts of the jaw and mouth, or procedure for treatment of fractures and dislocations of the jaw and facial bones unless specifically stated elsewhere;
- Services that are provided normally without charge by the College's health center, infirmary or hospital, or by any person employed by the College;
- Eyeglasses, radial keratotomy, contact lenses, hearing aids or prescriptions or examinations except as required for repair caused by a covered Injury;
- Eye surgery for the correction of refractive defects such as myopia or astigmatism;

6. Declared or undeclared war, riot, civil disorder, or civil commotion or acts of terrorism;
7. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as fare-paying passenger in an aircraft operated by a commercial scheduled airline. This exclusion does not apply to insured students while taking flight instructions for College credit;
8. Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law;
9. Injury sustained or Sickness contracted while in the service of the armed forces of any country. When a Covered Person enters the armed forces, we will refund any unearned pro-rata premium upon written request;
10. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of other insurance;
11. Cosmetic surgery, except for the correction of birth defects, correction of deformities resulting from cancer surgery, reconstructive breast surgery on either or both breasts, or surgery that is required as a result of an Injury which necessitates medical treatment within 24 hours of the accident. Correction of deviated nasal septum shall be considered as Cosmetic surgery for the purpose of the Policy;
12. Treatment for breast implants; breast reduction; circumcision; deviated nasal septum; including submucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant lesions; warts; obesity and any condition resulting therefrom; and sleep disorders;
13. Elective Surgery or Elective Treatment;
14. Expenses incurred as a result of any one motor vehicle accident in excess of \$5,000 per Accident per Covered Person;
15. Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
16. Expenses for preventative medicines, vaccines, or prescription drugs, or injections administered during an outpatient visit, except an injection given by a Physician in private practice who will certify that a Medical Emergency was required for the condition;
17. Expenses for allergy testing, except as specifically provided;
18. Services and supplies not Medically Necessary for the diagnosis recommended by the attending physician;
19. Blood or blood plasma that is replaced by or for the patient;
20. Expenses incurred outside the United States by a Covered Person whose home country is outside the United States and who has received a Medical Evacuation benefit. This exclusion does not apply to approved Medical Evacuation benefits;
21. Orthopedic appliances or devices, including orthopedic shoes, for treatment of the foot or conditions relating to the foot;
22. Expenses incurred for confinement in a nursing, rest or convalescent home;
23. Personal and convenience items and completions of forms;
24. Expenses covered by any other valid and collectible medical, health, or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits;
25. Taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
26. Committing or attempting to commit an assault or felony; or fighting, except in self-defense;
27. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
28. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations;
29. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
30. Services or supplies which are experimental or investigative in nature; including the treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as acceptable medical practices and any such items requiring federal or other governmental agency approval not received at the time services were rendered;
31. Expenses resulting from a motor vehicle accident for which benefits are payable from other valid insurance; and
32. Services rendered or supplies furnished after the coverage expiration date.

Any exclusion above will not apply to the extent that coverage is specifically provided by name in the Policy, or coverage of the charges is required under any law that applies to the coverage.

## WHERE TO FIND HELP

WHERE TO FIND HELP			
For questions about:	Enrollment • Waiver Process • Health Services	Dependent Enrollment • Supplemental Enrollment	Insurance Benefits • Claims Processing • ID Cards
<b>Please contact:</b>	<b>The University of Vermont</b> Insurance Office Center for Health and Wellbeing (802) 656-0602 <a href="http://www.uvm.edu/health/insurance">www.uvm.edu/health/insurance</a>	<b>University Health Plans, Inc.</b> One Batterymarch Park Quincy, MA 02169-7454 Phone: (800) 437-6448 Fax: (617) 472-6419 <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> <a href="mailto:info@univhealthplans.com">info@univhealthplans.com</a>	<b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, MA 01104 Local: (413) 733-4540 Out of Area: (800) 633-7867 <a href="http://www.chpstudent.com">www.chpstudent.com</a> <a href="mailto:customerservice@consolidatedhealthplan.com">customerservice@consolidatedhealthplan.com</a>

<sup>1</sup> Refer to plan detail for additional benefits, State Mandated Benefits, limitations, exclusions, and definitions. The complete Plan brochure is available at the School Bursar's Office, through Consolidated Health Plans at (800) 633-7867 or [www.chpstudent.com](http://www.chpstudent.com).